

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number  
101562890

**APPLICATION AS FILED – PART I**

(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	Fee (\$)		RATE (\$)	Fee (\$)
<b>BASIC FEE</b> (37 CFR 1.16(a), (b), or (c))								
<b>SEARCH FEE</b> (37 CFR 1.16(k), (l), or (m))								
<b>EXAMINATION FEE</b> (37 CFR 1.16(o), (p), or (q))								
<b>TOTAL CLAIMS</b> (37 CFR 1.16(l))	minus 20			X	E			
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(h))	minus 3			X	E			
<b>APPLICATION SIZE FEE</b> (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(l))				TOTAL		TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.								

\* If the difference in column 1 is less than zero, enter "0" in column 2

**APPLICATION AS AMENDED - PART II**

(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
<b>AMENDMENT A</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>		<b>RATE (\$)</b>	<b>ADDI- TIONAL FEE (\$)</b>	<b>RATE (\$)</b>	<b>ADDI- TIONAL FEE (\$)</b>
	Total (37 CFR 1.16(j))	76	Minus	** 20	= 2	x 25	=	x .50	=
Independent (37 CFR 1.16(h))	1	Minus	** 3	= 2	x 100	=	x 200	=	
<b>Application Size Fee (37 CFR 1.16(g))</b>					<b>180</b>	<b>TOTAL ADD'L FEE</b>	<b>360</b>	<b>TOTAL ADD'L FEE</b>	
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</b>									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
<b>AMENDMENT B</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>		<b>RATE (\$)</b>	<b>ADDI- TIONAL FEE (\$)</b>	<b>RATE (\$)</b>	<b>ADDI- TIONAL FEE (\$)</b>
	Total (37 CFR 1.16(j))	Minus	**	=	X	=	X	=	
Independent (37 CFR 1.16(h))	Minus	**	=	X	=	X	=		
<b>Application Size Fee (37 CFR 1.16(g))</b>									
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</b>									

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) Is the highest number found in the appropriate box in column 1.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**11** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".  
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number

Collection of information is required by 37 CFR 1.16. The information is required to obtain or maintain a benefit under the patent laws.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions concerning this collection of information should be addressed to the Commissioner for Patents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.